

REFUND REQUEST

Provide all information below and mail to: Development Services Department 25550 Commercentre Drive Lake Forest, CA 92630 Fax # (949) 461-3512

Mailing Address City/State/Zip Phone Number REFUND INFORMATION Address of Project: Amount of Check Given to City: Project Description (New Construction/Special Use/Etc.) Project Name: Receipt #/Permit #/Project #: Reason for Requesting Refund (Details): I hereby certify that the above statement is true. Signature/Title of Claimant Date Phone Number ()	Last Name	First Name		
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For Office Use Only:				
·	Signature/Title of Claimant		Date	
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Building Division Approval:	Building Division Approval: _			
Planning Division Approval:	Planning Division Approval:			